

15 F	Filed this C day of E	,20
FOR FILING OFFICE ONLY	Pocument # Fee paid: Cash Check By:	credit
	Deputy or Filing Officer	

Declaration for Nomination and Oath of Candidacy DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE Filing for Cascade County Commission District 1 Republican office of: OR Nonpartisan Full name of office including district and/or department numbers if applicable Name of Political Party Joe Briggs Candidate Name (printed exactly as it should appear on the ballot): Mailing Address City and State Zip Code 5900 Western Drive Great Falls, Montana 59404 Residence Address City and State Zip Code 5900 Western Drive Great Falls, Montana 59404 County of Residence Contact Phone **Email Address** Website Address Cascade (406) 868-8397 jbriggs@briggscom.com www.briggscom.com IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION: Lieutenant Governor Name (printed exactly as it should appear on the ballot): Mailing Address: Residence Address: Phone Email Address: Website Address: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a)above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID: ☑ Candidate Filing Fee, if applicable, in the amount of \$ 342.65 is hereby submitted with this Declaration and Oath of Candidacy. OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana. 01/13/2022 Signature of Candidate Date NOTARY PUBLIC OR AUTHORIZED OFFICER

Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6th Ave 2nd Floor, Room 260 Helena, MT 59620

Online: sosmt.gov/elections/filing/

406-444-2023

Where to file County, City and most **Local District offices:**

County Election Office A list of county election offices may be found at: sosmt.gov/elections

State of Montana

County of

Signed and sworn to before me this



BONNIE FOGERTY NOTARY PUBLIC for the State of Montana Residing at Great Falls, Montana My Commission Expires

September 3, 2025

Printed Name of Candidate

Signature of Notary or Public Official



Declaration for Nomination and JAN 2 7 202 Oath of Candidacy

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Fee paid: cash check____

Full name of folice including district and/or department numbers if applicable A and date Name (printed exactly as it should appear on the ballot): Part Part	4			Deputy or Filing Officer	
Filing for Chica of Cascada Carata Ca	DECLARATION AND OATH OF CANDIDACY TO BE FILED	WITH SECRETARY OF STATE	OR COUNTY ELECTION ADMIN	STRATOR AS APPLICABLE	
Mailing Address City and State City Cond City City Cond City Cond City a	Filing for office of: Pascade County	Commissioner-	Orstria3 n Re	publican	OR Nonpartisan
Residence Address City and State Zip Code State Address Zip Code State Zip Code State Address Zip Code State Zip Code	Candidate Name (printed exactly as it should ap	ppear on the ballot):	Rae "RAE" G	rulkowski	
Residence Address County of Residence Contact Phone Email Address Website Address	Mailing Address		City and State		Zip Code
County of Residence Contact Phone Email Address Website Address Website Address Website Address Free Dearys Sine. Com Free Dearys	P.O. Box 2404		Great fall	5, MT	59403
County of Residence Caseade	Residence Address		City and State	,	Zip Code
FTHIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:	1244 Evans - Rice ville	e Rd.	Strehett,	MI	59480
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION: Lieutenant Governor Name (printed exactly as it should appear on the ballot): Mailing Address:					de courts con
Lieutenant Governor Name (printed exactly as it should appear on the ballot): Mailing Address: Residence Address: Website Address: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: [a) I hereby affirm that I om either a resident of the county in which I om a candidate, if it contains one or more legislative district, or of the legislative district if it contains all or parts of more than one county, OR [b) I hereby affirm that I will meet the residency qualification(s) in (alabove for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID: Candidate Filing Fee, if applicable, in the amount of \$ is hereby submitted with this Declaration and Oath of Candidacy. OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana. Signature of Candidate NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montana County of Cascacacacacacacacacacacacacacacacacacac	SACRET STATE OF THE SACRET SECRET STATE OF THE SACRET SECRET STATE OF THE SACRET SECRET SECRE			The Wilder	recordy, com
Phone: Filis Declaration is For the State Legislature, YOU MUST SELECT ONE OF THE FOLLOWING: (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a)above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID: Candidate Filing Fee, if applicable, in the amount of \$ is hereby submitted with this Declaration and Oath of Candidacy. OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Monfana. Signature of Candidate		And the state of t		以1986年115日 · Kill Libbs 2004年2月2日 240日 · Alberta 1986年2	
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a)above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. (c) I hereby affirm that I will meet the residency qualification(s) in (a)above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. (c) I hereby affirm that I passess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana. (c) I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana. (c) I hereby affirm that I will meet the residency qualification and Oath of Candidacy. (c) A horizon of Candidate Contains o	Mailing Address:		Residence Address:		
(a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a)above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. Candidate Filing Fee, if applicable, in the amount of \$	Phone: Email Addre	ess:		Website Address:	
legislative district if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a)above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. Candidate Filing Fee, if applicable, in the amount of \$ is hereby submitted with this Declaration and Oath of Candidacy. OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana. Signature of Candidate	IF THIS DECLARATION IS FOR THE STATE LEGISLATURE,	YOU MUST SELECT ONE OF	THE FOLLOWING:		
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.	(b) I hereby affirm that I will meet the reside of the Secretary of State in writing when I	ncy qualification(s) in (a)d qualify or if I do not quali	above for 6 months preceding	g the general election and will	notify the office
I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana. Signature of Candidate	Candidate Filing Fee, if applicable, in the amo	unt of \$	is hereby submitted v	vith this Declaration and Oath	of Candidacy.
I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana. Signature of Candidate	OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE	PRESENCE OF A NOTARY PL	JBLIC OR AN OFFICER OF THE O	FFICE WHERE THIS FORM IS FILED	
Signature of Candidate NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montana County of Cascade Signed and sworn to before me this 77 day of Jan. 20 22 by Rae Carul Kauski Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6th Ave 2nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filing/ Fax: 406-444-2023 Residing at Great Falls, Montana	I hereby affirm that I possess, or will possess wit	thin constitutional and st	atutory deadlines, the quali	fications prescribed by the Cor	nstitution and laws of
Signature of Candidate NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montana County of Cascade Signed and sworn to before me this 77 day of Jan. 20 22 by Rae Carol Kauski Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6th Ave 2nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filing/ Fax: 406-444-2023 Residing at Great Falls, Montana	Kal Gullen	ishi	1-	27.24.22	
State of Montana County of Cascade Signed and sworn to before me this 77 th day of Jan. 20 22 by Rae Grul Kowski Printed Name of Candidate Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6th Ave 2nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filing/ Fax: 406-444-2023 KEELAN HAYWORTH NOTARY PUBLIC for the State of Montana Residing at Great Falls Montana Residing at Great Falls Montana				2/2000	
Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6th Ave 2nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filing/ Fax: 406-444-2023 May of Jan. 20 22 by Rae Grul Kauski Signature of Notary or Public Official Signature of Notary or Public Official KEELAN HAYWORTH NOTARY PUBLIC for the State of Montana Residing at Great Falls Montana Residing at Great Falls Montana	State of Montana				
State District and Legislative offices: Montana Secretary of State P.O. Box 202801 Signature of Notary or Public Official Signature of Notary or Public Official Signature of Notary or Public Official Keelan Hayworth Notary Public for the State of Montana Fax: 406-444-2023 KEELAN HAYWORTH NOTARY PUBLIC for the State of Montana Residing at Great Falls Montana	Signed and sworn to before me this 27 th	day of Jan.	20_ 22 by	lae Grulkows	Ki .
Printed Name of Notary Public State of Montana Residing at Great Falls, Montana Notary Public for the State of Montana Residing at Great Falls, Montana	State District and Legislative offices: Montana Secretary of State P.O. Box 202801		Z e	lay Jayuov	46
Where to file County, City and most My Commission Expires February 5, 2025 Residing at: Careat Falls	2 nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filing/ Fax: 406-444-2023	THE OF WORLD	NOTARY PUBLIC for the State of Montana esiding at Great Falls, Montana My Commission Expires	Printed Name of Notary P	of <u>Montana</u>

A list of county election offices may be

found at: sosmt.gov/elections

Local District offices:

County Election Office

My commission expires: 75, 20 25

KEELAN HAYWORTH
NOTARY PUBLIC to the
State of Montana
Residing at Great Falts, Montana
My Commission Expires
February 5, 2025



found at: sosmt.gov/elections

Declaration for Nomination and Oath of Candidacy

5	Filed this day of	,20
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	Deputy or Filing Officer	

+	Deputy or Filing Officer
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETA	ARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE
Filling for office of: County Commission Full name of office including district and/or department	DEMOCRAT OR Nonpartisan Name of Political Party
Candidate Name (printed exactly as it should appear on the I	ballot): DON RYAN
Mailing Address	City and State Zip Code
BUX 2932	BREAT Fall, MONTANA 59403
Residence Address	City and State Zip Code
2101 1th Are South	BREAT Falls MONTANA 59405
County of Residence Contact Phone	Email Address Website Address
CASCADE 406-231-404	9 Contacte electdonryan . com electdonryan . com
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST	COMPLETE THE FOLLOWING INFORMATION:
Lieutenant Governor Name (printed exactly as it should appea	ar on the ballot):
Mailing Address:	Residence Address:
Phone: Email Address:	Website Address:
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SE	
legislative district if it contains all or parts of more than	tion(s) in (a)above for 6 months preceding the general election and will notify the office
Candidate Filing Fee, if applicable, in the amount of \$	is hereby submitted with this Declaration and Oath of Candidacy.
	A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:
I hereby affirm that I possess, or will possess within constitute the United States and the State of Montana. Signature of Candidate	tional and statutory deadlines, the qualifications prescribed by the Constitution and laws of 13 2022
NOTARY PUBLIC OR AUTHORIZED OFFICER	
State of Mo	ontana
Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6th Ave 2nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filing/ Fax: 406-444-2023 Where to file County, City and most	BONNIE FOGERTY NOTARY PUBLIC for the State of Montana Residing at Great Falls, Montana My Commission Expires September 3, 2025
Local District offices: County Election Office A list of county election offices may be	Signature of Notary or Public Official



Declaration for Nomination and Oath of Candidacy

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	Samuel C	randidacy	JAN 12	2022	ч о ву	Deputy or Filing Officer		
DECLARATIO	N AND OATH OF CANDIDAC	Y TO BE FILED WITH SECRETAR	Y OF STATE OR	COUNTY ELECTIO	N ADMINI	STRATOR AS APPLICABLE		
Filing for office of:	N-1	& Recorder/Auditor/Surveyong district and/or department		icable	J	ocrat Political Party	O	R Nonpartisan
Candidate I	Name (printed exactly as	s it should appear on the b	allot): Rina	a Fontana Moore)			
Mailing Add	dress			City and State				Zip Code
200 13th S	Street North			Great Falls,	MT			59401
Residence A	Address			City and State	!			Zip Code
200 13th S	Street North			Great Falls,	мт			59401
County of R	Residence	Contact Phone 406-788-1720	Email Add	ress if@msn.com		Website Addr	ess	
	Governor Name (printed	E OF GOVERNOR, YOU MUST C	2000 10 1024 1000					
Phone:	ARATION IS FOR THE STATE	Email Address: LEGISLATURE, YOU MUST SELI	ECT ONE OF THE	FOLLOWING:		Website Address:		
		her a resident of the county ns all or parts of more than			it contain	s one or more legislative	districts, or	of the
of th	he Secretary of State in w	eet the residency qualification writing when I qualify or if I d		ve for 6 months	precedin	g the general election an	d will notif	y the office
	FEE MUST BE PAID BEFORE							
	ate Filing Fee, if applicable	e, in the amount of \$ 357	.81	is hereby su	bmitted	with this Declaration and	Oath of Ca	ndidacy.
I hereby aff	firm that 1 possess, or wi	ST SIGN IN THE PRESENCE OF A possess within constitution on the property of th			01/07/2	ifications prescribed by t		ution and laws of
NOTARY PUR	Signature of Candidate BLIC OR AUTHORIZED OFFICE	FR			Date			
HOTAN FOR	ALL SIT ACTIONIZED OFFICE							
		State of Mo	ntana					

Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6th Ave 2nd Floor, Room 260 Helena, MT 59620

Online: sosmt.gov/elections/filing/ Fax: 406-444-2023

Where to file County, City and most **Local District offices:**

County Election Office A list of county election offices may be found at: sosmt.gov/elections

county of <u>Cascade</u>

Signed and sworn to before me this _



MARIE ELLEN JOHNSON **NOTARY PUBLIC for the** State of Montana Residing at Great Falls,

Montana / My Commission Expires February 21, 2023

Fontana Moore

Signature of Notary or Public Official



found at: sosmt.gov/elections

Declaration for Nomination and VE

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Deputy or	Filing Officer	

Oath of Candidacy MAR	Pee paid: cash check credit By: Deputy or Filing Officer
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STA	The second secon
Filing for office of: Cascade County Clerk + Recorder Full name of office including district and/or department numbers	C Republican OR Nonpartisan
Candidate Name (printed exactly as it should appear on the ballot):	Sandra Merchant
Mailing Address	City and State Zip Code
1717 4th Ave. N	Great Falls, MT 59401
Residence Address	City and State Zip Code
1717 4th Ave. N	Great Falls, MT 59401
County of Residence Contact Phone Ema	ail Address Website Address
Cascade 406-781-7592 51	perchant for county clerke
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE	ETHE FOLLOWING INFORMATION:
Lieutenant Governor Name (printed exactly as it should appear on the	ballot):
Mailing Address:	Residence Address:
Phone: Email Address:	Website Address:
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE , YOU MUST SELECT ONE	OF THE FOLLOWING:
legislative district if it contains all or parts of more than one cou	(a)above for 6 months preceding the general election and will notify the office ualify.
TOTAL STATE OF STATE	is hereby submitted with this Declaration and Oath of Candidacy.
Signature of Candidate	Y PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: d statutory deadlines, the qualifications prescribed by the Constitution and laws of
NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montana	
County of	,2022 by Sandra Merchant
Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801	Printed Name of Candidate Rat Sull kowski Signature of Notary or Public Official
Online: sosmt.gov/elections/filing/	RAE GRULKOWSKI NOTARY PUBLIC for the State of Montana esiding at Stockett, Montana Notary Public for the State of MT
	My Commission Expires March 01, 2026 Residing at:
County Election Office A list of county election offices may be SEAL	/STAMP1 My commission expires: 3 , 20 26

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A Commission (Assistance)
March off, 2020



Declaration for Nomination and

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JAN 13	By:
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE	OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE
Filing for office of: Cascade County Attorney Full name of office including district and/or department numbers if a	Democratic Party Name of Political Party OR Nonpartisan
Candidate Name (printed exactly as it should appear on the ballot):	Joshua A. Racki
Mailing Address	City and State Zip Code
Po Box 381	Great Falls, MT 59403
Residence Address	City and State Zip Code
2544 Castle Pines Way	Great Falls, MT 59405
County of Residence Contact Phone Email A Cascade (406) 231-7086 rac	Address Website Address cki4CCA@gmail.com
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE	HE FOLLOWING INFORMATION:
Lieutenant Governor Name (printed exactly as it should appear on the bal	llot):
Mailing Address:	Residence Address:
Phone: Email Address:	Website Address:
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE , YOU MUST SELECT ONE OF	THE FOLLOWING:
(a) I hereby affirm that I am either a resident of the county in which I legislative district if it contains all or parts of more than one county	
(b) I hereby affirm that I will meet the residency qualification(s) in (a) of the Secretary of State in writing when I qualify or if I do not qualify	above for 6 months preceding the general election and will notify the office lify.
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:	
Candidate Filing Fee, if applicable, in the amount of \$ \$608.85	is hereby submitted with this Declaration and Oath of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY P	PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: tatutory deadlines, the qualifications prescribed by the Constitution and laws of
the United States and the State of Montana.	
	135AV22
Signature of andidate	Date
NOTARY PUBLIC OR AUTHORIZED OFFICER	
State of Montana	
Where to file Federal, Statewide, County of	ascade
where to fire reactar, statewide,	pefore me this 13 day of January 2022 by
Montana Secretary of State Signed and sworn to b	perfore me this day of day of 20 day
State Capitol Building, 1301 E. 6 th Ave	TI M Park
2 nd Floor, Room 260 Helena, MT 59620	Joshua H. Nucki
Online: sosmt.gov/elections/filing/ Fax: 406-444-2023	Printed Name of Candidate
Where to file County, City and most	The tolt
County Floation Office	Signature of Notary or Public Official
A list of county election offices may be	ARY PUBLIC for the tate of Montana at Great Folls Montana
Tound at: Sosmit, gov/elections	at Great Falls, Montana chimission Expires May 21, 2025 Revised December 6, 2021



County Election Office

A list of county election offices may be found at: sosmt.gov/elections

Declaration for Nomination and

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	OFFICE	

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Oath of O	Candidacy FE	EB 2 5 202	D E By	: Deputy or Filing	Officer	
DECLARATION AND OATH OF CANDIDA	CY TO BE FILED WITH SECRETARY OF	STATE OR COUNT	ELECTION ADMINI	STRATOR AS APPL	ICABLE	AND SERVICE PAR
Filing for office of: Sustince of the file of the fil	he Peace Department number department number	ers if applicable	Name of	f Political Party		OR 🖾 Nonpartisan
Candidate Name (printed exactly a	is it should appear on the ballot)	Eric 7	Bailey		10	
Mailing Address		City	nd State			Zip Code
1041 Suburban Drive			cent Falls,	MT		59404
Residence Address		City	nd State			Zip Code
1041 Suburban Deix	ve.		ent FAlls, I	MT		59404
County of Residence	Contact Phone E	mail Address		Web	site Address	
Cascade	406-590-0175	charley 13	6 B. yahoo. L	om	NIA	
IF THIS DECLARATION IS FOR THE OFFICE	E OF GOVERNOR, YOU MUST COMPL	ETE THE FOLLOW	NG INFORMATION:			的对象的现在分词是
Lieutenant Governor Name (printe	d exactly as it should appear on t	he ballot):				
Mailing Address:		Resid	ence Address:	-		
Phone:	Email Address:			Website Add	ress:	
IF THIS DECLARATION IS FOR THE STATI	E LEGISLATURE, YOU MUST SELECT O	NE OF THE FOLLO	WING:			
(a) I hereby affirm that I am eigenstative district if it conta	ther a resident of the county in wi ins all or parts of more than one c		idate, if it contair	ns one or more le	egislative districts	s, or of the
(b) I hereby affirm that I will m of the Secretary of State in t	neet the residency qualification(s) writing when I qualify or if I do no		6 months precedi	ng the general e	lection and will n	otify the office
FILING FEE – FEE MUST BE PAID BEFOR	E FILING IS VALID:					
Candidate Filing Fee, if applicab	ole, in the amount of \$ 342.	65 is 1	ereby submitted	with this Declar	ation and Oath o	f Candidacy.
OATH OF CANDIDACY - CANDIDATE MU I hereby affirm that I possess, or w the United States and the State of	vill possess within constitutional		CONTRACTOR CONTRACTOR SERVICE CONTRACTOR	ST GREEK GOOD STEELS FOR THE STATE OF	August Sensor products and Security sensor	stitution and laws of
The	The		2	25-22		
Signature of Candidat			Date			
NOTARY PUBLIC OR AUTHORIZED OFFIC	CER					
	State of Montan	a /				
Where to file Federal, Statewide, State District and Legislative office Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6 th 2 nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/fillings: 406-444-2023	Signed and swor	n to before me UES B B. HANS NOTARY PUBL State of Mo Residing at Gr	ON Printe	lay of FERE	IES BAI	by
Where to file County, City and mo Local District offices:	SEAL	Monta My Commissio	18	ture of Notary o	r Public Official	· · · · · · · · · · · · · · · · · · ·

[SEAL/STAMP]

May 23, 2022

II. FANSLIN NOTARY FUBLIST I BE SLIP OF MINISTER CONTRIBUTED SALES NOTE THE SALES MAY 23, 2022





Declaration for Nomination and Oath of Candidacy

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Filed this	day of	,20
Document #		
Fee paid:	cash check	🔲 credit

	BY:	Deput	y or Filing Officer	
DECLARATION AND OATH OF CANDIDAC	Y TO BE FILED WITH SECRETARY OF STATE OF	R COUNTY ELECTION ADMINISTRATO	R AS APPLICABLE	
Office of.	OF THE PENCE # 1 ag district and/or department numbers if app	olicable Name of Politica	l Party	OR Nonpartisan
Candidate Name (printed exactly as	it should appear on the ballot):	DAVE PHILLIPS		
Mailing Address		City and State	4	Zip Code
PO BOX 964		GREAT FALLS	MT	57403
Residence Address 1417 3 PA AVE N	Vo	City and State GREAT FAUS	art	Zip Code 57401
County of Residence	Contact Phone Email Ad	dress	Website Address	
CASCADE	4067882582 DAVE	@ JUKEDANE PHILLIPS, ORG	JUNGEDAVE PI	4.UIPS.026
IF THIS DECLARATION IS FOR THE OFFICE	OF GOVERNOR, YOU MUST COMPLETE THE	FOLLOWING INFORMATION:		
Lieutenant Governor Name (printed	exactly as it should appear on the ballo	ot):		
Mailing Address:		Residence Address:		
	Email Address:		osite Address:	
IF THIS DECLARATION IS FOR THE STATE	LEGISLATURE, YOU MUST SELECT ONE OF TH	HE FOLLOWING:	2 2 5 50 100 100 100	
	ner a resident of the county in which I ar ans all or parts of more than one county,		or more legislative districts	s, or of the
The state of the s	et the residency qualification(s) in (a)ab riting when I qualify or if I do not qualify	, 0 5	general election and will n	otify the office
FILING FEE – FEE MUST BE PAID BEFORE	FILING IS VALID:			
Candidate Filing Fee, if applicable	e, in the amount of \$ 342.65	is hereby submitted with th	is Declaration and Oath o	f Candidacy.
	ST SIGN IN THE PRESENCE OF A NOTARY PU			
I hereby affirm that I possess, or will the United States and the State of N	Il possess within constitutional and sta Montana.	tutory deadlines, the qualificatio	ons prescribed by the Con	stitution and laws of
$\langle z \rangle$	~	12/AN.	20:71	
Signature of Candidate		Date		
NOTARY PUBLIC OR AUTHORIZED OFFICE	iR			
	State of Montana			

Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6th Ave 2nd Floor, Room 260 Helena, MT 59620

Online: sosmt.gov/elections/filing/

406-444-2023 Fax:

Where to file County, City and most **Local District offices:**

found at: sosmt.gov/elections

County Election Office A list of county election offices may be County of County of

Signed and sworn to before me this

BONNIE FOGERTY NOTARY PUBLIC for the State of Montana Residing at Great Falls, Montana My Commission Expires September 3, 2025



Declaration for Nomination and

NG	Filed thisday of	,20
FOR FILING	Document # Fee paid:	credit
- 0	By: Deputy or Filing Officer	

Oath of Candidacy FEB 10 2021
Deputy or Filing Officer
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE
Filing for office of: CASCADE Cas Of Trestice of the Peace Full name of office including district and/or department numbers if applicable Name of Political Party OR Nonpartisan
Candidate Name (printed exactly as it should appear on the ballot): 5 + CVEN T. FAGENSTROM
Mailing Address City and State Zip Code
2606 Sed Ave. N Great tally Montania 57401
Residence Address City and State Zip Code [SREAT FALLS, MONDANA] [SP40]
County of Residence Contact Phone Email Address Website Address Website Address Website Address NON E
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:
Lieutenant Governor Name (printed exactly as it should appear on the ballot):
Mailing Address: Residence Address:
Mailing Address: Residence Address: Website Address: Website Address:
Phone: Email Address: Website Address:
Phone: Email Address: Website Address: Website Address: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the
Phone: Email Address: Website Address: Website Address: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a)above for 6 months preceding the general election and will notify the office
Phone: Email Address: Website Address: Website Address: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a)above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.
Phone: Email Address: Website Address: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a)above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:
Phone: Email Address: Website Address: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID: Candidate Filing Fee, if applicable, in the amount of \$ 302 6 is hereby submitted with this Declaration and Oath of Candidacy. OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of
Phone: Email Address: Website Address: Website Address: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a)above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID: Candidate Filing Fee, if applicable, in the amount of \$ 342
Phone: Email Address: Website Address: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID: Candidate Filing Fee, if applicable, in the amount of \$ 302 65 is hereby submitted with this Declaration and Oath of Candidacy. OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of
Phone: Email Address: Website Address: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID: Candidate Filing Fee, if applicable, in the amount of \$ 342 65 is hereby submitted with this Declaration and Oath of Candidacy. OATH OF CANDIDACY - CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Nontana.
Phone: Email Address: Website Address: Website Address: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a)above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. FILLING FEE – FEE MUST BE PAID BEFORE FILING IS VALID: Candidate Filing Fee, if applicable, in the amount of \$ 342. 65 is hereby submitted with this Declaration and Oath of Candidacy. OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana. Constitution of Candidate Constitution of Candidate

Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6th Ave 2nd Floor, Room 260 Helena, MT 59620

Online: sosmt.gov/elections/filing/

406-444-2023

Where to file County, City and most **Local District offices:**

County Election Office

A list of county election offices may be found at: sosmt.gov/elections

Signed and sworn to before me this



BONNIE FOGERTY NOTARY PUBLIC for the State of Montana Residing at Great Falls, Montana

My Commission Expires September 3, 2025

Printed Name of Candidate

Signature of Notary or Public Officia



found at: sosmt.gov/elections

Declaration for Nomination and Oath of Candidacy

ے ق	Filed this C day of E 20	
FOR FILING DFFICE ONLY	Document #	
E DE	Fee paid: cash check credit	
F 9	By:	
	Deputy of Filing Officer	

	Deputy of Thing Contest	
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR	COUNTY ELECTION ADMINISTRATOR AS APPLICABLE	
Filling for office of: ###################################	ount 1 DEMOCRAT Name of Political Party	OR Nonpartisan
Candidate Name (printed exactly as it should appear on the ballot):	RALD W. BOLFND	
Mailing Address	City and State	Zip Code
P.o. Box 2365	GREAT FALLS, MIT	59403
Residence Address	City and State	Zip Code
lezle CARON DR	GREAT FALLS, MT	59465
County of Residence Contact Phone Email Add	ress Website Address	
CASCADE GOLAND	ALENCY E OUTLOOK, COM	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE F	OLLOWING INFORMATION:	
Lieutenant Governor Name (printed exactly as it should appear on the ballot):	
Mailing Address:	Residence Address:	
Phone: Email Address:	Website Address:	-
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE	FOLLOWING:	
(a) I hereby affirm that I am either a resident of the county in which I am legislative district if it contains all or parts of more than one county, O		, or of the
(b) I hereby affirm that I will meet the residency qualification(s) in (a)about of the Secretary of State in writing when I qualify or if I do not qualify.	ve for 6 months preceding the general election and will no	otify the office
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:		
Candidate Filing Fee, if applicable, in the amount of \$ 10.	is hereby submitted with this Declaration and Oath of	Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBL		
I hereby affirm that I possess, or will possess within constitutional and statu the United States and the State of Montana.	itory deadlines, the qualifications prescribed by the Cons	titution and laws of
send W. Bld	01-13-2022	
Signature of Candidate	Date	
NOTARY PUBLIC OR AUTHORIZED OFFICER		
State of Montaga		
Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801 Signed and sworn to before	re me this 13 d voi Die	_ 20 22 by
State Capitol Building, 1301 E. 6 th Ave 2 nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filing/ Fax: 406-444-2023 T. MARC NOTARY PUBL State of Mon Residing at Gro Montana	C for the trans Printed Name of Candidate	5/00
Where to file County, City and most Local District offices: County Election Office	Evalua / // // //	
A list of county election offices may be		



ے ق	Filed thisday of	,20
FOR FILING OFFICE ONLY	Document # check	credit
- 0	By: Deputy or Filing Officer	

Oath of Candid	acy JAN 13 202	OR F	Fee paid: cash check By: Deputy or Filing Officer	credit
DECLARATION AND OATH OF CANDIDACY TO BE FILE	D WITH SECRETARY OF STATE OF	COUNTY ELECTION ADMI	NISTRATOR AS APPLICABLE	
Filing for office of: SHOPPING Full name of office including district an	d/or department numbers if app	licable Name	EPUBLICAN of Political Party	OR Nonpartisan
Candidate Name (printed exactly as it should a	appear on the ballot):	SEE SLAUCHTE	j.R	
Mailing Address		City and State		Zip Code
Po Box 3131		GREAT PA	IS MT	59403
Residence Address		City and State		Zip Code
3313 12THST NE		GREAT PAL	LS MT	59404
County of Residence Contact P	hone Email Add	dress	Website Address	
CAGADE HOB-	750-2389 Jess	@SHORFF SLAU	COTTEL COM	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERN	NOR, YOU MUST COMPLETE THE	FOLLOWING INFORMATION	N:	
Lieutenant Governor Name (printed exactly as	it should appear on the ballo	t):		
Mailing Address:		Residence Address:		
Phone: Email Add	ress:		Website Address:	
IF THIS DECLARATION IS FOR THE STATE LEGISLATUR	RE, YOU MUST SELECT ONE OF TH	E FOLLOWING:		
(a) I hereby affirm that I am either a residence legislative district if it contains all or particular in the contains all or particular in th			ins one or more legislative distri	cts, or of the
(b) I hereby affirm that I will meet the residue of the Secretary of State in writing when			ling the general election and wil	I notify the office
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VA				
Candidate Filing Fee, if applicable, in the ar	nount of \$ 366.02	is hereby submitte	d with this Declaration and Oath	of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN T				
I hereby affirm that I possess or will possess the United States and the State of Montana. Signature of Candidate	vitnin constitutional and stat		13 2022	onstitution and laws of
NOTARY DUBUC OR AUTHORIZED OFFICER				
	State of Montana			
Where to file Federal, Statewide, State District and Legislative offices:	County of COS	case	- /	nn

Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6th Ave 2nd Floor, Room 260 Helena, MT 59620

Online: sosmt.gov/elections/filing/ 406-444-2023

Where to file County, City and most **Local District offices:**

County Election Office A list of county election offices may be found at: sosmt.gov/elections



T. MARCH NOTARY PUBLIC for the State of Montana Residing at Great Fails, Montana My Commission Expires May 23, 2022

Printed Name of Candidate

Signature of Notary or Public Official



Declaration for Nomination and Oath of Candidacy JAN 1 4 2022

LING	Filed thisday of	,20
ILIN OF	Document #	
OR I	Fee paid: cash check	credit
- P	Ву:	
	Deputy or Filing Officer	

	Вү:			Deputy of Filing Office	21
DECLARATION	N AND OATH OF CANDIDACY TO BE FILED WITH SECRETA	ARY OF STATE OR	COUNTY ELECTION ADM	MINISTRATOR AS APPLICABLE	
Filing for office of:	Cascade County Treasurer & Su Full name of office including district and/or department			OR Nonpartisan	
Candidate N	Name (printed exactly as it should appear on the	ballot):	Diane Heikkila		
Mailing Add	lress		City and State		Zip Code
PO Box 314 Belt, MT					59412
Residence A	Address		City and State		Zip Code
304 Main Street			Belt		59412
County of R	esidence Contact Phone	Email Addr	ress	Website A	ddress
Cascad	de 406-868-5729	pdheil	kkila@gmail.com	n	
Lieutenant (Governor Name (printed exactly as it should appear	ar on the ballot)	Residence Address	:	
Phone:	Email Address:			Website Address:	
IF THIS DECLA	ARATION IS FOR THE STATE LEGISLATURE , YOU MUST SE	LECT ONE OF THE	FOLLOWING:		
	reby affirm that I am either a resident of the count lative district if it contains all or parts of more tha			tains one or more legislat	ive districts, or of the
of th	reby affirm that I will meet the residency qualifica te Secretary of State in writing when I qualify or if FEE MUST BE PAID BEFORE FILING IS VALID:			ceding the general election	n and will notify the office
Candida	and Oath of Candidacy.				
OATH OF CAN	NDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF	A NOTARY PUBL	LIC OR AN OFFICER OF	THE OFFICE WHERE THIS FOR	RM IS FILED:
	States and the State of Montana. Signature of Candidate	tional and statu		114/2022	by the Constitution and laws of
NOTARY PUB	LIC OR AUTHORIZED OFFICER				

Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6th Ave 2nd Floor, Room 260

Helena, MT 59620

Online: sosmt.gov/elections/filing/ Fax: 406-444-2023

Where to file County, City and most Local District offices:

County Election Office

A list of county election offices may be found at: sosmt.gov/elections

State of Montana

County of _

Signed and sworn to before me this

day of

1114

20_____b

SEAL SEAL

BONNIE FOGERTY NOTARY PUBLIC for the State of Montana Residing at Great Falls, Montana My Commission Expires September 3, 2025

Printed Name of Candidate

Signature of Notary or Public Official